

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.C.D.		6/4/99
O.I.P.E. CLASSIFIER		10	6-9-99
FORMALITY REVIEW	M.M.	7162P	6-23-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/99
2	✓	✓	5/1/99
3	✓	✓	5/1/99
4	✓	✓	5/1/99
5	✓	✓	5/1/99
6	✓	✓	5/1/99
7	✓	✓	5/1/99
8	✓	✓	5/1/99
9	✓	✓	5/1/99
10	✓	✓	5/1/99
11	✓	✓	5/1/99
12	✓	✓	5/1/99
13	✓	✓	5/1/99
14	✓	✓	5/1/99
15	✓	✓	5/1/99
16	✓	✓	5/1/99
17	✓	✓	5/1/99
18	✓	✓	5/1/99
19	✓	✓	5/1/99
20	✓	✓	5/1/99
21	✓	✓	5/1/99
22	✓	✓	5/1/99
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25	✓	✓	5/1/99
26	✓	✓	5/1/99
27	✓	✓	5/1/99
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If more than 150 claims or 10 actions  
staple additional sheet here

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